

APPLICATION FOR PUBLIC HEARING

APPEAL OF ADMINISTRATIVE VARIANCE OR ADMINISTRATIVE SITE PLAN REVIEW

AMOUNT OF FEE \$ _____

RECEIPT # _____

FOLIO # _____

BY _____
Date Receipt Stamp

CZAB # _____

Fee: \$399.00 (z202)

Sec. _____ Twp. _____ Rge. _____

RADIUS ASSIGNED 500'

IMPORTANT – The applicant and/or the applicant's attorney should be present at the hearing.

1. Name of Applicant (PRINT) _____

2. Mailing Address _____ Tel No. _____

3. Contact Person _____

4. Mailing Address _____ Tel. No. _____

5. Name of Property Owner _____

6. Owner's Address _____

_____ Tel. No. _____

7. LEGAL DESCRIPTION OF THE PROPERTY COVERED BY THE APPLICATION (If subdivided, lot, block, complete name of subdivision, plat book and page number.) (If metes and bounds description – complete description, including section, township and range.)

8. Address or location _____

9. Size of Property _____ ft. x _____ ft. Acres _____

10. Administrative Decision appealed: (State in brief and concise language.)

11. Section and paragraph of regulations if applicable: (Copy regulations in detail)

12. Alleged error in the order, requirement, decision or determination made by administrative official in interpretation or enforcement of regulation:

13. Reason why the decision should be reversed:

AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am the party aggrieved by the action of the administrative official made the subject matter of this application, and that all of the foregoing statements and answers herein contained and the information herewith submitted are in all respects true and correct and honest to the best of my knowledge and belief.

SIGNATURE

Sworn and Subscribed before me

This _____ day of _____

NOTARY PUBLIC